



DATE: _____ Current/Past Client: YES NO Copy of Driver's License

Are you a **CURRENT** resident of **Bonner Springs-Edwardsville USD #204**? (Circle) YES NO

Name _____ Birthdate _____
First Last

Physical Address _____ City _____ ST _____ Zip _____
Must be a street address (not P.O. Box)

Mail Address (PO Box) _____ Email _____

Phone #: _____ Do you have access to: Text: YES NO Facebook: YES NO

How would you best describe your employment status? (circle all that apply)

Employed Unemployed Retired Disabled Student

Do you receive food from any other programs? (circle all that apply)

SNAP Feed His Lambs Jerry Lee Jarrett Edwardsville Meals on Wheels Other None
Harvesters Harvesters

Do you qualify for free or reduced lunch: YES NO How did you hear about us? _____

Name <small>Include everyone in your household</small>	Birthdate	Under 18	Over 59	Gender M/F	Disabled/ Veteran	Race

By signing below, I certify that I am a **CURRENT** resident of **Bonner Springs-Edwardsville USD #204**. I understand that providing false information will result in the loss of services provided by Vaughn-Trent.

Signature: _____ Date: _____



Utility Assistance Application

Utility assistance is available for electric, gas, and water. Applicants must have a shut-off notice or be at risk of breaking a payment agreement. Assistance is limited to \$200 per household per year (January 1-December 31) for those who are a current resident of **Bonner Springs-Edwardsville USD #204** who meet the income guidelines.

2025 HOUSEHOLD GROSS INCOME		
# in Household	PER MONTH	PER YEAR
1	\$1,956	\$23,475
2	\$2,643	\$31,725
3	\$3,331	\$39,975
4	\$4,018	\$48,225
5	\$4,706	\$56,475
6	\$5,393	\$64,725
7	\$6,081	\$72,975
8	\$6,768	\$81,225

Name _____
First and Last on Bill

Additional Name _____

By signing, I certify that I am a **CURRENT** resident of **Bonner Springs-Edwardsville USD #204** and my **TOTAL** household income from **ALL SOURCES** does not exceed these guidelines. I understand that providing false information will result in the loss of services provided by Vaughn-Trent.

Signature: _____

Copy of Shut-Off Notice Total Gross Monthly Income from *all* sources: \$ _____

Primary Sources of Income? (circle all that apply)

Employment Social Security Disability Unemployment Other _____

Have you previously received utility assistance with Vaughn-Trent: **YES** **NO** If Yes, when: _____

What is your thermostat set at: When away from home: _____ at night: _____ Summer ____ Winter ____

Do you have a programmable thermostat: **YES** **NO**

Have you applied for LIEAP (Low Income Energy Assistance Program) assistance? **YES** **NO**

	Account #	Payment Plan Y/N	Total Bill
Atmos (gas)			
City of Bonner (water)			
Evergy (electric)			
BPU (Edwardsville)			
Edwardsville (water)			

Utility Company Rep.: _____ Date: _____ Time: _____ VTCS Rep: _____
Total \$ Pledged: _____ Excel: <input type="checkbox"/> QB/Paid: <input type="checkbox"/> Notes/Other: _____